

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

62-002386

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>EDWARD JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL MERAMEE</u>		c. CITY OR TOWN <u>DITTMER Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SUGAR HAVEN Rd.</u>		d. STREET ADDRESS (If outside, give location) <u>RR #1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD AUGUSTUS McCaffrey</u>		4. DATE OF DEATH Month Day Year <u>1 13 62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>U</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/6/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Dept.</u>		11. BIRTHPLACE (City and state or country) <u>Philadelphia</u>	
13a. FATHER'S NAME <u>Nicholas McCaffrey</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Jane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Joseph Murphy</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH _____
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>COOKMAN'S VIEW</u> and last saw her alive on _____ Death occurred at <u>5:00 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John C. John D.C. Crow</u>		22b. ADDRESS <u>Festus Mo</u>	
22c. DATE SIGNED <u>1-13-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/17/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Our Lady Queen of Peace House Springs Mo</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Beimann &amp; Funeral Home House Springs</u>		25. DATE RECD. BY LOCAL REG. <u>1-17-62</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 227

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.